

Registration District No. SFD 10 10A1 85

Primary Registration District No. 1001

Registrar's No. 845

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST-JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ENROUTE-TO-MO. METHUEN HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ABT-45-YRS. (Specify whether years, months or days)
In this community ABT-45-YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUCHANAN
(c) City or town ST-JOSEPH
(If outside city or town limits, write "RURAL")
(d) Street No. 2109 SAVANNAH-AVE.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 23, year 1941, hour ABT-1, minute 45 P.M.
21. I hereby certify that I attended the deceased from on Aug 23 1941 to 19_____
that I last saw him on Aug 23 1941 and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage Duration 1 day
Due to Hypertension and arterio-sclerosis 1 yr.
Due to _____
Other conditions (Include pregnancy within 3 months of death) 13 yr

Major findings: Man suffered a stroke while sitting at
table and died 15 minutes later.
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? (e) Means of injury Coroner
33. Signature H. F. Mundy (M.D. or other)
Address 104 So 3d St Date signed 8/24/41
St. Joseph

3. (a) PRINT FULL NAME LEWIS-A-SAGER

3. (b) If veteran, name war NO 3. (c) Social Security No. 491-09-1112

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Sager 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased July 23 (Month) (Day) (Year) 1878

8. AGE: 63 Years 1 Months 0 Days If less than one day hr. min.

9. Birthplace Carbondale Penn (City, town, or county) (State or foreign country)

10. Usual occupation Meat Cutter (Butcher)

11. Industry or business _____

12. Name John W. Sager

13. Birthplace Onida Co. N.Y. (City, town, or county) (State or foreign country)

14. Maiden name Helen G. Lewis

15. Birthplace East Lebanon Penn (City, town, or county) (State or foreign country)

16. (a) Informant J.W. Sager

(b) Address 17 Carhart Ave Binghamton N.Y.

17. (a) burial (b) Date thereof Aug 25 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Ray Stanley

(b) Address St Joseph Hosp

19. (a) Aug 25 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

NOV 27 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

August 23, 1941....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John H. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.